

To: All Medical Staff

CC: CSMs and Clinic Coordinators (please forward to care coordinators and health home coordinators)

Subject: Walgreen's's policies on controlled substance prescribing

I had a long conversation with the regional manager of Walgreens, Michael Federico, yesterday. I received clarifications about how their new policies regarding documentation around controlled substance prescribing are being implemented, as well I shared with him the concerns of our medical staff and clinic staff about the impact on clinical workflow and the ability for patients to receive their prescribed medications in a timely fashion.

The DEA is increasingly scrutinizing the role of pharmacists in the filling and dispensing of controlled substances. All retail pharmacy chains are reassessing their policies in this regard, and each chain is determining what documentation they will require. Walgreen's's' policy is being implemented nationwide in response to this, and is not targeted at CCHS prescribers. He admitted that the policy was poorly communicated and inconsistently applied by individual pharmacists. He is working to clarify the understanding of the policy with all local Walgreen's pharmacists.

A specific diagnosis will be required for controlled substance prescriptions. Since Walgreen's began requesting accompanying diagnoses a few months ago, a large proportion of the diagnoses they have received have been vague and insufficient for DEA expectations. "Chronic pain," "back pain," "generalized pain," etc. are not sufficient to meet CA medical board or DEA requirements for chronic opiod prescribing.

Additional information beyond a specific diagnosis will not be required for most controlled substance prescriptions. There are certain drugs or patterns of prescribing, however, that will trigger pharmacists to request additional documentation to support the prescribing practice. The pharmacists are focused on the opiods that are most commonly abused or diverted, specifically hydrocodone, oxycodone and methadone. In addition, high doses or large quantities of opiods (i.e. > 30mg/day of methadone, >120mg/day of morphine or it's equivalent) are another concern. Prescribing frequently abused "cocktails" of medication, such as Norco, Valium and Soma; Phenergan with Codeine cough syrup (street name "purple haze") or suboxone combined with short acting opiates and/or benzos may trigger requests for additional documentation. If retail pharmacists are able to see based on prescribing history that the patient has been receiving appropriate non-narcotic medications consistent with the WHO "ladder" approach to treating chronic non-malignant pain, such as NSAIDS, tricyclics and/or gabapentin, they will be less likely to request further documentation. Once a pharmacist has sufficient documentation to justify the current prescribing pattern, the information will not be required on all subsequent prescriptions for that patient. The forms that have been circulated from some retail pharmacists are not going to be required by prescribers to complete, and Mr. Federico has asked his staff to request only the information needed to satisfy appropriate use documentation. He is requiring that all his Walgreen's's pharmacists get access to the CURES database and routinely use this resource to detect patterns of prescriptions being filled by

multiple prescribers or at multiple pharmacies. He is encouraging his staff to share this information with prescribers to help us better detect abuse and diversion within our practices.

I will be working with CCHP pharmacist Luke Lim to facilitate one or more meetings with the ambulatory care medical staff leadership, CCHP leadership and the Walgreens regional leadership so that we can have a better understanding of how we can work together to ensure each side's obligations to meet DEA regulations are met, abuse and diversion of controlled substances are avoided, and patients receive appropriate medications with a minimum of burden to prescribing clinicians and avoiding disruption to the efficient flow of patient care.

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